



**Department of Health and Human Services
Office of Adult Mental Health Services
Service Review Tool – Version 2 Instructions**

DEMOGRAPHICS	<p>Underage Children: refers to any child under the age of 18 living in the same household as the consumer which may include step children and adopted children. Marital Status: Please check the appropriate box for the consumer's current marital status. Educational Status: Please check the appropriate box for the consumer's current educational status. Class Member: Check this box only if the consumer is identified as a Class Member. LOCUS: Please indicate the consumer's most recent composite LOCUS score (7-35). Date of LOCUS: Please indicate the date the last LOCUS was completed. Level of Care: Please indicate the consumer's current CSS Level of Care. This may be different than the level indicated by the LOCUS score. DSM IV TR Dx. (all Axes): Please include both the classification code and classification description from the DSM IV TR.</p>
RISK OF HARM	<p>These questions address the consumer's current potential to be harmed by others or cause significant harm to self or others. For each of the categories below, "current" is defined as occurring within the last three months. Any indicators occurring prior to three months are considered "history".</p>
1. Suicidal	Is the consumer currently at risk for self harm? Check all that apply.
2. Homicidal	Is the consumer currently at risk as for being a homicidal threat to others? Check all that apply.
3. Hallucinations	Please indicate if the consumer is currently demonstrating auditory, visual, olfactory or tactile hallucinations. Check all that apply.
4. Psychosis	Please indicate if the consumer is currently demonstrating delusions or other symptoms noted. Check all that apply.
5. Community risk	Please indicate if the consumer is currently at risk of causing harm to others, disturbances in the community or involvement with the law. Check all that apply.
FUNCTIONAL STATUS	These questions address the consumer's current psychiatric symptoms, role responsibilities and relationships.
6. Symptoms	Please check the symptoms the consumer is currently experiencing.
7. How well does the consumer function within interpersonal relationships?	Please check the box that best describes the consumer's current functioning within interpersonal relationships.
8. Does the consumer's appearance/hygiene/dress fall below community standards?	Please check the box that best describes the consumer's current ability to maintain appearance/hygiene/dress.



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9. Consumer's degree of competence in role responsibilities?	Please check the box that best describes the consumer's current ability to carry out his/her duties and responsibilities.
10. How does the consumer manage finances?	Please check the box that best describes the consumer's current ability to manage his/her finances.
11. Is the consumer employed?	Please check off that which best describes the consumer's current employment situation.
12. Has the consumer been referred to a vocational program?	Please indicate if the consumer has been referred to a vocational program within the past year.
CO-MORBIDITY	
	These questions address any potential complications for coexisting medical, psychiatric or substance abuse disorders.
13. What are the consumer's major medical/health issues?	Please check any current medical or health issues. If history, please include only those conditions that impact the present or may recur.
14. If the consumer is smoking, what is your involvement?	Please check the box that describes your involvement with the consumer if he/she is currently smoking.
15. Consumer's source of medical care?	Please indicate the consumer's regular source of medical care. Check all that apply.
16. Coordination between your agency and the consumer's regular source of medical care.	Please indicate the CSW's or other agency contact's level of coordination with the consumer's regular source of medical care. Check all that apply.
17. Does the consumer have a history of substance abuse or dependence issues?	Please indicate if the consumer has a substance abuse or substance dependence history. If yes, check all that apply.
18. Does the consumer have a current substance abuse or dependency issue?	Please indicate that which best describes the consumer's current substance abuse/dependency issue. If yes, check all that apply.
19. Has a referral been made?	Please indicate if a referral has been made for any substance abuse or substance dependence treatment.
20. If yes, where?	Please check all referrals that apply including self-help groups.
21. Is the consumer engaged/involved in a recovery program?	Please indicate if the consumer is engaged or involved in a recovery program. Check all that apply.
22. Barriers to the consumer's involvement in substance abuse programming.	Please indicate any barriers which impact the consumer's involvement in substance abuse treatment. Check all that apply.



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LEVEL OF STRESS AND SUPPORT	These questions address interpersonal conflict, life transitions and stressors as well as available resources.
23. Consumer's living situation	Please indicate the consumer's current living situation. Check all that apply.
24. Consumer's housing	Please indicate the consumer's current living arrangements or housing status.
25. Is the consumer experiencing other life stressors?	Please indicate if the consumer is experiencing any additional current life stressors. Check all that apply.
26. Does the consumer have a reported history of trauma?	Please indicate if the consumer has a reported history of trauma. Reported means that the consumer has disclosed trauma information to the provider or others involved in the delivery of services to the consumer. Check all that apply.
27. What kind of natural support network does the consumer have?	Please indicate any natural support systems the consumer currently has. Check all that apply.
28. Does the consumer participate in any community activities?	Please indicate if the consumer is involved in any community activities outside of treatment. Check all that apply.
TREATMENT AND RECOVERY HISTORY	These questions, along with information gathered from the previous domains, assess the consumer's response to treatment and recovery.
29. Consumer's number of crises requiring intervention in the past year?	Please indicate the number of crises (as defined by consumer or provider) that the consumer has experienced during the past year.
30. Crisis #1	Please indicate the nature of crisis #1. Check all that apply.
31. How was the consumer assessed?	Please indicate how the consumer was assessed during crisis #1. Check all that apply.
32. What was the resolution?	Please indicate the resolution of the crisis. Check all that apply.
33-38.	Please follow the same instructions for items 33-38 as directed for # 30-32, if consumer has had more than one crisis within the past year.
39. Consumer's Crisis Plan.	Please indicate the consumer's current crisis plan. Check off all that apply.
40. Did the consumer participate in developing a Crisis Plan?	Please indicate if the consumer participated in developing the crisis plan.
41. Number of consumer psychiatric hospitalizations in the past year.	Please indicate the number of psychiatric hospitalizations the consumer has had within the past year.



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42. Number of consumer detoxification or substance abuse hospitalizations in the past year.	Please indicate the number of detoxification or substance abuse hospitalizations or residential treatment the consumer has had in the past year.
43. If the crisis resulted in the consumer being hospitalized what was the CSW/residential staff involvement in the admission?	Please indicate how the CSW or residential staffs were involved in the detoxification or substance abuse admission. Check all that apply.
ATTITUDE AND ENGAGEMENT	
	These questions address the consumer's motivation, ability to trust others and acceptance or responsibility for recovery.
44. Does the consumer keep scheduled appointments with CSW?	Please indicate how often the consumer keeps scheduled appointments with the CSW.
45. If the consumer is not keeping scheduled appointments is that due to:	If anything other than "All of the Time" is checked off in question #44, please indicate the barriers which impact the consumer's ability to keep his/her appointments. Check all that apply.
46. Does the consumer attend treatment/support activities?	Please indicate if the consumer attends his/her treatment or support activities.
47. Is the consumer able to develop trusting relationships with treatment providers?	Please indicate the overall level the consumer is able to develop trusting relationships with his/her treatment providers.
48. Does the consumer actively work towards his/her recovery?	Please indicate if the consumer is actively addressing or working towards treatment and recovery goals.
49. Does the consumer accept personal responsibility for his/her recovery from mental illness?	Please indicate the level to which the consumer accepts personal responsibility for his/her recovery.
50. Consumer ISP goal areas.	Please check all ISP goal areas that apply.
51. Does the consumer have any Unmet Needs?	Unmet Needs refers to essential services or benefits that the consumer is having difficulty obtaining which is also located on the Consumer's ISP.
52. How many CSWs has the consumer had in the past year?	Please indicate how many CSWs the Consumer has had in the past year both within your agency and with other agencies.
53. How often has the CSW had contact with consumer in the past 90 days?	Please indicate the CSW's frequency of contact with the Consumer within the past 90 days.



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54. Who currently prescribes the consumer's psychotropic medications?	Please indicate who is prescribing the consumer's psychotropic medications. Check all that apply.
55. Does the CSW have contact with the prescriber of psychotropic medications?	Please indicate if the CSW has contact with the prescriber. Check all that apply.
56. Consumer's medication issues.	Please indicate any current medications issues the consumer experiences. Check all that apply.
57. List medications and dosages.	Please list the consumer's psychotropic medications and, if known, the dosages.

Revised November 15, 2005